

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 168
Registered No. 69

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Gila County Hosp St. _____ Ward _____
(If birth occurred in a hospital or institution give its NAME instead of street and number)

2. Full name of child James Bernard Camp
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? Yes
7. Date of birth 4-20-29
Month Day Year

8. FATHER
Full name Willis Bernard Camp
9. Residence (Usual place of abode) Roosevelt
If non-resident, give place and state. Ariz
10. Color or race White
11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Hope
(State or country) Arkansas

13. Occupation
Nature of industry Electric Engineer

14. MOTHER
Full maiden name Bernice Lourinda Hunter
15. Residence (Usual place of abode) Roosevelt
If non-resident, give place and state. Ariz
16. Color or race White
17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Greenville
(State or country) Ill

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:05 P.M. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. W. Burns
Physician

Given name added from a supplemental report _____ Address Box 636 Globe, Ariz

Month, day, year _____ Filed 5/8, 1929 G. E. Weighman
Registrar Registrar

137-420-289